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### At Risk: The Relationship between Experiences of Child Sexual Abuse and Women's HIV Status in Papua New Guinea

Ione R. Lewis<sup>a</sup>

<sup>a</sup> Australian College of Applied Psychology, Sydney, Australia

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## **At Risk: The Relationship between Experiences of Child Sexual Abuse and Women's HIV Status in Papua New Guinea**

IONE R. LEWIS

*Australian College of Applied Psychology, Sydney, Australia*

*Child sexual abuse in Papua New Guinea is a human rights issue as well as an indicator of HIV risk in women. This study aimed to develop knowledge about the link between violence experienced by women and their HIV status. The study used a mixed method approach to collect quantitative and qualitative data through structured interviews with a sample of 415 women across four provinces of Papua New Guinea: National Capital District, Western Highlands, Western, and Morobe. Participants were asked about violence they had experienced as children and in their adult relationships and the impact of the violence. The quantitative data was analyzed using SPSS, and qualitative data was coded using a thematic approach. Child sexual abuse was reported by 27.5% of the sample (n = 114). Women reporting child sexual abuse were more likely to live in violent relationships, be HIV positive, and have a higher number of sexual partners.*

**KEYWORDS** *adult survivors, prevention, cultural issues, AIDS, Papua New Guinea*

Child sexual abuse (CSA) exists in all cultures and countries. In Papua New Guinea (PNG), factors contributing to child sexual abuse are family poverty,

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Address correspondence to Ione R. Lewis, School of Counseling, Australian College of Applied Psychology Level 5, 11 York St., Sydney, NSW 2000, Australia. E-mail: Ione.Lewis@acap.edu.au.

dysfunction and separation, and the neglect of children. PNG has a mobile male workforce, both national and expatriate, with disposable incomes, combined with unregulated brothels that employ underage children and widespread availability of child pornography (Department for Community Development & UNICEF, 2004; Pacific Regional Rights Resource Team, 2006). The widespread practice of informal adoption of children by extended family members also contributes to children's vulnerability to sexual abuse, as children become separated from the care and protection of their parents (Pacific Regional Rights Resource Team, 2006). Poverty, customary practices such as brideprice (ceremonial payments paid by the bride's family to the groom's family in cash and kind which traditionally demonstrate respect for the bride's parents), and the breakdown of traditional norms around sexual behavior influence and even normalize the incidence of exchange sex between children and adults (Lalor, 2008, p. 94).

The phenomenon of child abuse in developing nations such as PNG is exacerbated by the social disorganization caused by modernization and the myriad ways in which colonization disrupted traditional social structures (Morley, 1994). As a result, forms of child abuse often become more severe (Department for Community Development & UNICEF, 2004). In addition, in modernizing societies, abuse may become more of a perceived problem through increased awareness and identification rather than an actual increase in prevalence (Morley, 1994).

At present there is no reliable reporting or data gathering system in PNG to monitor the prevalence of CSA, apart from presentations to hospitals for treatment of sexual assault. The majority of patients presenting for treatment following sexual assault for the period of 1994 to 1996 were children and young people. Seventeen percent were aged between 2 and 10 years, 20% were between 11 and 15 years, and 21% were between 16 to 20 years (Department for Community Development & UNICEF, 2004).

Reports of sexual assault to police are not accurate representations of CSA prevalence because there is no national system for collecting reliable statistics on crime. Police in PNG are known to sexually harass and rape those reporting sexual assault, which reduces the willingness of victims and families to report (Amnesty International, 2006; National Aids Council Secretariat, 2008). In addition, the secrecy required by offenders of their victims, the threat of reprisals and the stigma caused to families limit disclosure (Herman, 1992; Luluaki, 2003).

A 1994 study of sexual and reproductive knowledge and behavior in PNG (National Sex and Reproduction Research Team & Jenkins, 1994) found 15% of female participants reported being sexually harassed by male family members. Stepfathers and mothers' *de facto* partners are reported to be most frequently responsible for CSA by key informants (Pacific Regional Rights Resource Team, 2006). The Pacific Regional Rights Resource Team estimate many thousands of Papua New Guineans are connected to the commercial

sexual exploitation of children. Participation in the commercial sex trade provides children with freedom and money to support themselves (Pacific Regional Rights Resource Team, 2006).

This brief review has shown that the extent of CSA in PNG is not known. There is no consistent data collection method to monitor CSA prevalence. The voice of victims of sexual abuse and the impacts they experience are not well researched. Forms of commercial sexual exploitation of children seem better studied than intrafamilial CSA. It may be less controversial on a social and political level to look for sexual abuse outside the family, particularly in a country where Christianity is so important to its legal and social fabric.

Unfortunately, occurrences of CSA often go unreported, which contributes to the lack of knowledge about prevalence rates. Silence around sexual abuse is ensured by offenders' actions in actively targeting their victims in a desensitization process known as grooming, which isolates children from family and social supports to prevent disclosure (Marshall, Marshall, Serran, & Fernandez, 2006). Factors such as children's low self-esteem increase their vulnerability to sexual abuse. While the majority of offenders are male, the existence of a small number of female sexual offenders targeting young boys has also been reported in PNG (Pacific Regional Rights Resource Team., 2006). Children's psychological and economic dependence on adults creates a vulnerability to exploitation and abuse of adult power at a developmental stage where a child is unable to consent to sexual relationships (Herman, 1992).

The definitions of sexual abuse used in the study are congruent with PNG legislation, which categorizes CSA into three main groups of crimes. The first is sexual penetration of the child's vagina or anus with any object or part of the body. The second is indecent touching of the child or requiring the child to touch the offender indecently. The third is indecent acts directed at a child that do not involve touching. Any indecent communication directed at a child would fall into this category, as would sexual exposure by the offender and/or exposure required of the victim (Luluaki, 2003). The age of consent in PNG is 16 (Luluaki, 2003), therefore interview questions about CSA were limited to incidents that occurred before this age.

The impact of CSA on the well-being of survivors has been well documented in Western countries. Research findings on risky sexual behaviors of adult survivors of CSA include having unprotected sex, multiple partners, exchanging sex, and revictimization (Tarakeshwar et al., 2005). Increased risk in adult life may be due to the impact of developmental trauma caused by CSA, as survivors' ability to protect themselves from violent and controlling partners may be reduced through inhibition of the fight or flight reaction to threat, avoidant coping strategies such as denial and withdrawal and learned helplessness (Ford & Curtois, 2009; Tarakeshwar et al., 2005). Gwandure (2007) found that the personality trait of external locus of control is more common in CSA survivors ( $n = 20$ ). External locus of control is the

belief that factors outside of the person control his or her life; for example, fate and “powerful others” (p. 1314). These factors may contribute to CSA survivors being less able to negotiate condom use and to refuse unwanted sex through fear of violent retaliation by partners (Senn, Carey, Venable, Coury-Doniger, & Urban, 2006; Tarakeshwar et al., 2005).

In addition, CSA has been linked to psychological distress such as depression, post-traumatic stress disorder, anxiety, dissociation, relationship difficulties, suicidal ideation, and substance abuse (Finkelhor & Berliner, 1995; Gwandure, 2007; Miner, Klotz Flitter, & Robinson, 2006). CSA often causes vulnerability over the lifespan in terms of sexual and relationship difficulties and psychological distress (Tarakeshwar et al., 2005). Research on the relationship between experiences of CSA and HIV infection in adulthood indicates that risky behaviors such as participation in unprotected sex, multiple sex partners, exchange of sex for money, and abuse in intimate partner relationships are mediating factors (Cavanaugh & Classen, 2009). CSA survivors are more likely to have casual sex, be involved in sex work, and not use condoms. These behaviors are directly linked with greater risk of HIV and other STI infections. CSA survivors are also more vulnerable to domestic violence. Women’s experience of CSA and domestic violence are therefore important to include in a study of HIV transmission.

The United Nations General Assembly Special Session on HIV and AIDS (UNGASS) progress report demonstrates that young women have the highest rates of new HIV infections (National AIDS Council Secretariat, 2008). Young women in PNG are particularly more at risk of HIV due to physical vulnerability and high rates of sexual assault and exploitation, combined with the social power of older males who are more likely to HIV positive due to a higher number of sexual partners.

Four provinces in PNG were the focus of this study. The National Capital District (NCD), which includes the capital Port Moresby, was seen as an important area in which to conduct research as 66% of known cases of HIV in 2002 were found in NCD (National AIDS Council Secretariat, 2002). By 2008, NCD had 50% of all reported HIV infections (National AIDS Council Secretariat, 2008). In 2005, the Western Highlands Province had the highest rate of new HIV infections in PNG (National AIDS Council Secretariat, 2005; National AIDS Council Secretariat, 2002) and accounted for 19.5% of reported cases by 2008 (National AIDS Council Secretariat, 2008). While Morobe and Western Provinces had relatively low rates of detected HIV infection, 5% and 2% respectively in 2002, HIV testing was less accessible in these areas at the time of data collection, and communities were likely to have higher than reported rates of infection (National AIDS Council Secretariat, 2002). By 2008, Morobe had 9% of reported cases (National AIDS Council Secretariat, 2008). Western Province is the site of a large mining company that relies on a cashed up, mobile working population, which creates an environment where sex work, higher rates of casual sex, and HIV

and other sexually transmitted infections (STI) transmission are more likely. The 2008 UNGASS Country Progress report found the incidence of HIV was 1.61% and estimated that 60% of people living with HIV were unaware of their positive status (National AIDS Council Secretariat, 2008).

To date there has been a lack of research in PNG on the relationship between women's HIV status and experiences of CSA. This article reports on the links between CSA and HIV transmission as one aspect of a larger study of 415 women in four provinces of PNG attending antenatal and voluntary confidential counseling and testing (VCCT) clinics (Lewis, Maruia, Mills, & Walker, 2007). The study aimed to (a) examine the prevalence of difference forms of domestic violence among PNG women attending VCCT and antenatal clinics, (b) examine the demographic differences and HIV status of PNG women who have experienced domestic violence and CSA, and (c) develop recommendations for increasing the effectiveness of HIV counseling and testing services and support services for women in general. The study found strong relationships between CSA and current violent relationships, higher numbers of current sexual partners, and positive test results for HIV and STIs. Overall, the study found that women who had experienced CSA were at greater risk of HIV.

## METHOD

A mixed method approach was used in this study, drawing on both quantitative and qualitative approaches. Both approaches were seen as equally important in the study design because the integration of qualitative and quantitative methods in social research allows for an explanation of statistical findings and provides participants with opportunities to speak about their experiences (Bryman, 2008). A statistical analysis of women's experiences of child sexual assault in relation to their HIV and STI status was undertaken using the software program SPSS version 14. The qualitative data gave access to women's perspectives on the impact of childhood sexual abuse on their lives. This data was coded and analyzed thematically using the NVivo 2 software package. NVivo was developed to apply grounded theory data analysis techniques systematically to large amounts of qualitative data. The techniques of grounded theory include line by line coding of the data, arranging codes into hierarchical relationships, and memoing about codes. Theorizing is used to find the "best fit" explanation for relationships between codes by drawing on previous research and knowledge in the field (Bazeley, 2007).

### Sample

The four provinces of NCD, Western Highlands, Western Province, and Morobe were selected for this study. These regions are significantly different



“culture areas” within PNG that were chosen to capture the major cultural patterns about sexuality and relationships between men and women (Jenkins, 2006, p. 7; National Sex and Reproduction Research Team & Jenkins, 1994). Diversity of culture is related to distinct geographical regions such as the Highlands, coastal areas, and islands, which differ in their beliefs, customary practices, and social structures in relation to gender, fertility, and reproduction and the meanings given to these aspects of life. Natural geographical barriers such as mountains and gorges as well as farming and sustainability practices, also influence each area’s unique way of life (Jenkins, 2006).

Four hundred and fifteen women attending 17 VCCT and antenatal clinics were interviewed about their experiences of violence. There were 100 participants (24.0% of the sample) at five clinics distributed throughout urban and rural areas of the Western Highlands. One hundred and thirty-four participants (32.2% of the sample) were interviewed at six clinics within NCD, including a settlement area of the capital. Seventy-five women were interviewed at four clinics in Morobe (18.0% of the sample), and 106 (25.5% of the sample) were interviewed in the Western province at three different clinics spread over two mining towns. The VCCT clinics are free and widely accessed for HIV and STI counseling, testing, and treatment as there is a fee for other medical services in PNG.

The sample consisted of a wide range of participants who varied considerably in terms of relationship status, educational levels, paid employment, age, and involvement in exchange of sex for money, goods, or favors. Most women who participated in the study were aged between 20 and 30 years, with a smaller peak again at 35 years. The clustering of scores around the ages of 25, 30, and 35 may have occurred through participants estimating their age as some women, particularly in rural areas, did not know their exact age. Participants’ ages were distributed between 15 and 60. Table 1 displays more specific characteristics of the sample.

## Procedure

Advertising research on violence against women as women’s health studies is an ethical recommendation made by the World Health Organization (2001) in order to protect the safety of participants and interviewers. Therefore, this research was advertised as a women’s health study at participating antenatal and STI clinics as well as VCCT centers. Information about the study was relayed through colorful posters in English located in the waiting rooms of the antenatal clinics and information provided by health workers to their clients. Word of mouth was also effective as research participants talked to other women about being interviewed. The research interviewers were trained HIV counselors who had attended two days of researcher training. The period of data collection was three to four months in each of the four provinces.

**TABLE 1** Characteristics of Sample

Variable	Category	Number and Percentage of Sample
Relationship status	Married/partner	339 81.9%
	Separated	28 6.7%
	Not married	17 4.1%
	Widowed	15 3.6%
	Other	16 3.7%
Educational level completed at school	No schooling	59 14.2%
	Grades 1–6	184 44.5%
	Grades 7–10	147 35.4%
	Grades 11–12	18 4.3%
	Other	7 1.6%
Postsecondary study	No further study	387 93.8%
	University study	10 1.9%
	Other study	18 4.3%
Employment	Employed	329 79.3%
	Not employed	329 17.8%
	Other	12 2.9%

## Measures

The interview schedule was developed in consultation with a range of stakeholders, including HIV counselors, counselor trainers, researchers in the field of HIV, and members of the National HIV Committee. The structured interview schedule consisted of 37 questions of qualitative and quantitative items. Generally the interview lasted between 45 minutes to 1 hour in length. The questions asked about women's experiences of CSA, violence in adult relationships, number of sexual partners, involvement in sex work, negotiation of sexual practices, and use of condoms in relationships, as well as demographic questions about age, level of education, and employment. Questions about CSA were based on the categories of sexual crimes against children in the PNG criminal code (Luluaki, 2003). A question on working



away from home was included on the advice of the National Aids Council of PNG, as working away from home was thought to increase the likelihood of casual sex and, therefore, HIV risk. The interview schedule was translated into Tok Pisin (Melanesian pidgin) and then refined further on the basis of feedback from interviewers during training to reduce repetition and the number of questions. The interviewers took notes in pidgin directly onto the interview schedule during the interview, which were then translated by the co-researchers at the National HIV/AIDS Support Project for transcribing and analyzing purposes at the University of Canberra.

As a normal procedure when attending VCCT and antenatal clinics, participants were tested, with their consent, for HIV using two thermal table rapid test blood tests. Pre- and posttest counseling was also routinely provided as part of clinic attendance. However, HIV testing was not available (although STI testing was) in some clinics in 2006, particularly in remote areas. Fifty-six percent ( $n = 177$ ) of participants tested negative for HIV, 17.9% tested positive for HIV ( $n = 56$ ), 10.6% ( $n = 33$ ) tested positive for STIs with no HIV test available, 10.9% ( $n = 44$ ) tested negative for STIs with no HIV test available, and 3.8% ( $n = 12$ ) tested positive for STIs but were HIV negative. In all, 312 women were tested for either HIV or STIs, and 103 women were not tested. Women in the sample who were not tested either had pretest counseling and chose not to proceed with testing or the test results were not available due to administrative error such as loss of blood samples or results.

### Ethical Considerations

Prior to the commencement of data collection, ethics approval for the study was gained from the Research Advisory Committee of the National Aids Council in PNG. This is the requirement for all HIV research conducted in PNG. The Australian researcher also gained human research ethics approval from the University of Canberra. Informed consent of participants was gained by a verbal explanation from interviewers of the purpose of the project. The confidentiality of participants in relation to their HIV and/or STI status was maintained by having the interviewer record only the participant research code and the clinic patient code on the interview schedule. The names of participants were not recorded. The study used verbal explanations because of the low rates of literacy, especially in rural areas, so as not to exclude the experiences of some potential participants from the study. Participants were informed that access to voluntary counseling and testing services was not dependant on their participation in the research study. The interview coordinators in each province followed up with participating clinics using the patient number to ascertain HIV and/or STI status over the data collection period.

## RESULTS

## CSA Characteristics

Twenty-seven percent of the sample ( $n = 114$ ) reported that they were sexually abused as a child. Interviewers explained to participants that this question was about whether they had experienced unwanted sexual contact before 16 years of age (*yes* or *no* response). Participants who answered *yes* to this question were then asked how often the abuse occurred. Twenty-five percent of the sample ( $n = 105$ ) said they were sexually abused *sometimes*, 0.7% ( $n = 3$ ) were abused *often*, and 1.2% ( $n = 5$ ) were abused *very often*. Participants were also asked to give an example of the sexual abuse and how it affected them.

Table 2 shows the most frequent form of CSA reported by participants was unwanted sexual talk. More specifically, 19% of the sample ( $n = 77$ ) reported that they had experienced unwanted sexual talk before 16 years of age. Thirteen percent of the sample ( $n = 54$ ) reported unwanted sexual touching. Descriptions from participants of unwanted touching included: "Once when I was sick and sleeping, the man touched me on my private parts" and "When I was young he made me sleep with him, he touched me everywhere, one man." Eight percent of the sample ( $n = 34$ ) reported that they had to touch their offender as part of the abuse: "My uncle touched my private body and I touched his and then sexual penetration took place." Ten percent of the sample ( $n = 40$ ) reported sexual penetration: "A young man from my village raped me, when I was doing grade six" and "Using fingers to penetrate through my anus." One percent of the sample ( $n = 4$ ) reported sexual exposure by the offender: "There's one guy hides in the bus and shows his balls to us when we were in high school."

Several participants were sexually assaulted under the age of 16 by multiple assailants ( $n = 8$ ): "I went to the cultural show last year and two men raped me" and "One night, when I was fourteen years old, five men tricked me and took me and pulled [raped] me." Trickery and giving gifts

**TABLE 2** Forms of CSA

	No	Yes	Total
Sexual talk	336 81.4%	77 18.6%	413 100.0%
Sexual touching	359 86.9%	54 13.1%	413 100.0%
Touching offender	379 91.8%	34 8.2%	413 100.0%
Sexual penetration	373 90.3%	40 9.7%	413 100.0%
Exposure by offender	408 99.0%	4 1.0%	412 100.0%

or money as bribes were commonly reported in participants' descriptions of CSA experiences ( $n = 15$ ), although this was not an interview question. Offenders were described as using deception and gifts to gain victims' compliance and silence: "My uncle use to trick me to go to his house and look for his head lice and he used to touch me" and "Gives money to shut me up not to tell anyone."

Participants answering *yes* to sexual abuse as children ( $n = 114$ ) described being at risk when their parents were away in the garden, at public events such as cultural festivals, and when they were on their own: "He does it when [my] parents aren't around"; "He does it when I go to the river and he follows me" and "After school I was on my way home, this man called me and pulled me into the bush and raped me." Although the relationship with the offender was not a survey question, in most of the descriptions of abuse provided by participants, offenders were commonly participants' family members, such as father, uncle, grandfather, cousin, brother, and other clan members: "When my mother was not around or at night, my father used to do it"; "When my parents go out my bubu [grandfather] used to give me money and sleep with me"; and "When my parents go out or go to the garden, that's when my elder brother used to do that to me." Some participants reported being sexually abused by their neighbors: "Abuse [was] done by our next door neighbor's son. At night or when we were kids and we used to play" and "He always does it to me."

### Effects of CSA

One theme identified in the descriptions of sexual abuse was distress at the time of the abuse: "I cried all night," and the experience of physical pain: "Intercourse hurt, [I was] four years old." Another theme was shame as an outcome of being sexually abused: "I feel ashamed aunty might see us and make me leave the family house" and "I am shamed because it was my uncle." Shame kept participants silent about the abuse, especially when the abuser was a relative: "It's hard to talk about this" and "I never told my parents till now, I am twenty-three years old and going round with my current partner."

Unwanted pregnancy was reported to be a consequence of sexual assault for some participants, although again this was not a formal interview question. One adolescent who had been sexually assaulted by two men said, "Now I am six months pregnant." In addition, experiences of childhood sexual abuse had an ongoing effect on adult relationships, as women faced stigma about past abuse: "Because I was raped before, he thinks that I am that type who can have sex with anyone." Four women reported being "forced" to marry against their will at a young age by their own relatives or their husband, which they experienced as abuse: "A relative gave me away to the man I was to marry, she knew my parents, they died during the time

I was still a small child” and “Both my parents and husband’s parents forced me to have sex with the partner.”

### First Sexual Experience

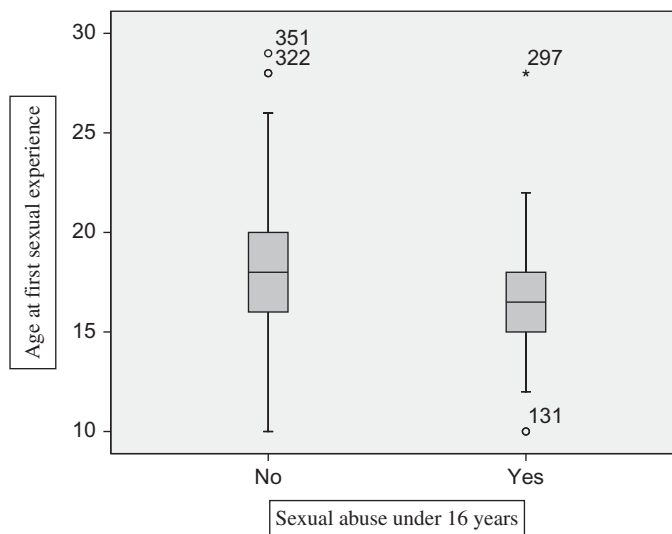
Figure 1 shows that participants sexually abused under the age of 16 years were more likely to have their first sexual experience at younger ages than non-sexually-abused women ( $M = 1.34$  years). A t-test demonstrates that this is a statistically significant difference ( $t = 4.24$ ;  $df = 373$ ;  $p = 0.00$ ), which is important to note since earlier sexual experiences increase the risk of HIV and other STIs (Lalor, 2008; Tarakeshwar et al., 2005).

### Worked Away from Home

Thirty-six percent of participants who reported being sexually abused as children ( $n = 41$ ) had also worked away from their home or village, compared to 21.6% of non-sexually-abused participants ( $n = 63$ ). A chi-square test shows that this is a significant difference ( $\chi^2 = 9.12$ ;  $df = 1$ ;  $p = 0.00$ ).

### Violence in Adult Relationships

Table 3 displays the relationship between CSA and experiences of violence in adult relationships, specifically physical violence, sexual abuse, social isolation, and emotional and financial abuse. Participants who reported CSA were much more likely to be in physically violent relationships compared



**FIGURE 1** Age at first sexual experience and CSA.

**TABLE 3** Relationships between CSA and Forms of Violence in Adult Relationships

CSA	Physical Violence		Sexual Abuse		Social Isolation		Emotional Abuse		Financial Abuse	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Yes	79	34	74	39	78	35	47	63	68	44
	69.9%	30.1%	65.5%	34.5%	69.0%	31.0%	42.7%	57.3%	60.7%	39.3%
No	157	136	111	183	156	136	104	188	120	173
	53.6%	46.4%	37.8%	62.2%	53.4%	46.6%	35.6%	64.4%	41.0%	59.0%
Total	236	170	185	222	234	171	151	251	188	217
	58.1%	41.9%	45.5%	54.5%	57.8%	42.2%	37.6%	62.4%	46.4%	53.6%

to those not reporting CSA: 69.9% ( $n = 79$ ) compared to 53.6% ( $n = 157$ ). The chi-square test used to test significance was the Monte Carlo Chi test, which found this to be a significant difference ( $\chi^2 = 8.93$ ;  $df = 1$ ;  $p = 0.003$ ).

Women sexually abused as children were much more likely to be in sexually abusive relationships as adults compared to women who did not report CSA, 65.5% ( $n = 74$ ) compared to 38.0% ( $n = 111$ ). A chi-square test shows that this is a statistically significant difference ( $\chi^2 = 25.32$ ;  $df = 1$ ;  $p = 0.00$ ).

Participants sexually abused as children were more likely to be in emotionally abusive relationships as adults. Sixty-nine percent of women sexually abused as children reported being emotionally abused by their partners ( $n = 47$ ), compared to 53.4% of participants not sexually abused as children ( $n = 104$ ). A chi-square test shows that this result attains statistical significance ( $\chi^2 = 8.13$ ;  $df = 1$ ;  $p = 0.005$ ).

Participants who reported CSA were 50% more likely to be in financially abusive relationships than those not sexually abused. Sixty-one percent of women sexually abused as children also reported financial abuse by their husbands or partners ( $n = 68$ ), compared to 41.0% of financially abused participants not sexually abused as children ( $n = 120$ ). This difference is statistically significant ( $\chi^2 = 12.72$ ;  $df = 1$ ;  $p = 0.00$ ).

Sixty-nine percent of participants sexually abused as children reported being socially isolated by their husband or partner ( $n = 78$ ), compared to 53.4% of women reporting social isolation who were not sexually abused as children ( $n = 156$ ). A chi-square test demonstrates that this is not a statistically significant difference ( $\chi^2 = 1.72$ ;  $df = 1$ ;  $p = 0.20$ ).

### HIV Status

Table 4 shows that 27.7% of women sexually abused as children were HIV positive, compared to 14.0% of women not sexually abused as children. Therefore, participants who reported CSA were twice as likely to test positive

**TABLE 4** Relationship between HIV and STI Status and CSA

	CSA		Total
	No	Yes	
HIV and STI status			
Negative	119 (55.6%)	58 57.4%	177 56.2%
Positive	30 14.0%	28 27.7%	58 18.4%
Other STI (no HIV test)	27 12.6%	7 6.9%	34 10.8%
Negative for STI (no HIV test)	31 14.5%	3 3.0%	34 10.8%
HIV negative, positive for other STI	7 3.3%	5 5.0%	12 3.8%
Total	214 100.0%	101 100.0%	315 100.0%

for HIV compared to women not sexually abused in childhood. A chi-square test demonstrates that this is a statistically significant difference ( $\chi^2 = 18.03$ ;  $df = 4$ ;  $p = 0.001$ ).

Further analysis was undertaken to see the relationship between different forms of CSA and HIV and STI status. The results are displayed in Table 5. Participants reporting experiences of sexual talk and sexual touching as children were one-third more likely to be HIV positive. Thirty-four percent ( $n = 23$ ) of participants who reported sexual talk were HIV positive compared to 20.1% ( $n = 36$ ) of participants not reporting sexual talk who were HIV positive. A chi-square test shows this is a significant difference ( $\chi^2 = 5.10$ ;  $df = 1$ ;  $p = 0.03$ ). Around 36.6% of participants reporting sexual touching ( $n = 15$ ) were HIV positive compared to 21.4% of participants not reporting sexual talk ( $n = 50$ ) who were HIV positive. A chi-square test shows this is a significant difference ( $\chi^2 = 4.36$ ;  $df = 1$ ;  $p = 0.03$ ).

There was no significant difference in HIV status between participants reporting sexual touching of their offenders, sexual penetration, and exposure by their offenders and those not reporting these forms of CSA. Thirty percent of participants who reported touching their offender ( $n = 9$ ) were HIV positive compared to 23.0% of participants not reporting touching an offender ( $n = 50$ ) who were HIV positive. A chi-square test showed this was not a significant difference ( $\chi^2 = 0.70$ ;  $df = 1$ ;  $p = 0.26$ ). Twenty-eight percent of participants reporting sexual penetration ( $n = 9$ ) were HIV positive compared to 23.3% of participants not reporting sexual penetration ( $n = 50$ ) who were HIV positive. Again, a chi-square test showed this was not significant ( $\chi^2 = 0.363$ ;  $df = 1$ ;  $p = 0.34$ ). Thirty-three percent of participants reporting exposure by the offender ( $n = 1$ ) were HIV positive compared to 23.8% of participants who did not report exposure by offender ( $n = 58$ ) who

**TABLE 5** Relationship between Forms of CSA and HIV Status

Type of CSA	HIV Negative	HIV Positive	Total	<i>P</i>
Sexual talk				
No	143 79.9%	36 20.1%	179 100.0%	0.02
Yes	45 66.2%	23 33.8%	68 100.0%	
Sexual touching				
No	162 78.6%	44 21.4%	206 100.0%	0.03
Yes	26 63.4%	15 36.6%	41 100.0%	
Touching offender				
No	167 77.0%	50 23.0%	217 100.0%	0.26
Yes	21 70.0%	9 30.0%	30 100.0%	
Sexual penetration				
No	165 76.7%	50 23.3%	215 100.0%	0.34
Yes	23 71.9%	9 28.1%	32 100.0%	
Exposure by offender				
No	186 76.2%	58 23.8%	244 100.0%	0.56
Yes	2 66.7%	1 33.3%	3 100.0%	

were HIV positive. This was similarly a nonsignificant difference ( $\chi^2 = 0.15$ ;  $df = 1$ ;  $p = 0.56$ ). The nonsignificant results were likely due to small sample sizes of participants reporting these forms of abuse.

### Number of Sexual Partners

The number of sexual partners reported by participants was very strongly influenced by CSA. Seventy-seven percent of participants who did not report CSA had one current husband or partner ( $n = 246$ ), compared to 23.1% of participants who reported CSA ( $n = 74$ ). Participants who had experienced CSA were much more likely to have two or more current partners than non-sexually-abused women. These differences were found to be significant using a chi-square test ( $\chi^2 = 25.31$ ;  $df = 5$ ;  $p = 0.00$ ). A similar trend was found in the relationship between CSA and total number of sexual partners. Participants who did not report CSA were much more likely to have had only one sexual partner in their life, 80.7% ( $n = 171$ ) compared to 19.3% of women who reported CSA ( $n = 41$ ). This latter group was more likely to report two or more total sexual partners. A chi-square test shows these results are statistically significant ( $\chi^2 = 20.14$ ;  $df = 5$ ;  $p = 0.001$ ).



Table 6 displays the relationships between forms of CSA and number of current partners. All forms of CSA except exposure by offender were found to be associated with higher numbers of current sexual partners, which explains the greater HIV risk for women sexually abused as children. Participants reporting experiences of sexual talk as children ( $n = 77$ ) were more likely to have higher numbers of current sexual partners. Sixty-six percent ( $n = 51$ ) had none or only one partner compared to 88.1% of participants who did not report sexual talk ( $n = 296$ ) with no or one partner. Thirty-four percent of participants reporting sexual talk as children ( $n = 26$ ) had two or more partners compared to 11.9% of participants who did not report sexual talk ( $n = 40$ ) with two or more partners. This is a significant difference ( $\chi^2 = 32.90$ ;  $df = 5$ ;  $p = 0.00$ ).

Participants reporting sexual touching as children ( $n = 59$ ) showed a similar trend toward higher numbers of current sexual partners. Sixty-five percent of participants reporting sexual touching ( $n = 35$ ) currently had none or one sexual partner compared to 86.9% of participants not reporting sexual touching ( $n = 302$ ) with none or one partner. Thirty-five percent of participants reporting sexual touching as children ( $n = 19$ ) had two or more partners compared to 13.1% of participants not reporting sexual touching

**TABLE 6** Relationships between Forms of CSA and Number of Current Partners

	No partner	1 partner	2 or more partners	Total	P
Sexual talk					
No	24 7.1%	272 81.0%	40 11.9%	336 100.0%	0.00
Yes	3 3.9%	48 62.3%	26 33.8%	77 100.0%	
Sexual exposure					
No	26 6.4%	316 77.5%	66 16.1%	408 100.0%	1.00
Yes	0 0.0%	4 100.0%	0 0.0%	4 100.0%	
Sexual touching					
No	24 6.7%	288 80.2%	47 13.1%	359 100.0%	0.002
Yes	3 5.6%	32 59.3%	19 35.2%	54 100.0%	
Touching offender					
No	25 6.6%	302 79.7%	52 13.7%	379 100.0%	0.005
Yes	2 5.9%	18 52.9%	14 41.2%	34 100.0%	
Sexual penetration					
No	25 6.7%	297 79.6%	51 13.6%	373 100.0%	0.000
Yes	2 5.0%	23 57.5%	15 37.5%	40 100.0%	

( $n = 47$ ) with two or more partners. This is a significant difference ( $\chi^2 = 19.35$ ;  $df = 5$ ;  $p = 0.004$ ).

Participants who reported touching their offender sexually as children ( $n = 34$ ) showed the same trend toward higher numbers of current sexual partners. Fifty-seven percent of participants reporting touching their offender sexually ( $n = 20$ ) had none or only one current partner compared to 86.3% of participants answering no to this question ( $n = 327$ ). Forty-one percent of participants reporting sexual touching of offenders ( $n = 14$ ) had two or more current sexual partners compared to 13.7% answering no ( $n = 52$ ). Again this demonstrates a higher risk of HIV and STI transmission for this group. A chi-square test showed that this is a significant difference ( $\chi^2 = 21.02$ ;  $df = 5$ ;  $p = 0.005$ ).

Participants who reported sexual penetration as children ( $n = 40$ ) also had higher numbers of current partners. Sixty-two percent had none or only one partner ( $n = 25$ ) compared to 86.3% of participants not reporting sexual penetration ( $n = 322$ ) with none or one partner. About 37.5% who reported sexual penetration ( $n = 15$ ) had two or more current sexual partners compared to 13.6% of participants not reporting sexual penetration ( $n = 51$ ) with two or more current sexual partners, approximately three times greater. A chi-square test shows this is a significant difference ( $\chi^2 = 23.39$ ;  $df = 5$ ;  $p = 0.002$ ).

Sexual exposure by offender was not shown to have a significant effect on number of current sexual partners. It is important to note that only four participants answered yes to exposure.

## Exchange of Sex

Table 7 displays the results for the relationships between CSA and exchange of sex for money, goods, and favors. A very strong relationship between CSA and involvement in exchanging sex for money was found. Twenty-nine percent of participants ( $n = 32$ ) who experienced CSA had exchanged sex

**TABLE 7** Relationships between CSA and Exchanging Sex for Money, Goods, and Favors

CSA	Sex for money		Sex for goods		Sex for favors	
	Yes	No	Yes	No	Yes	No
Yes	32 28.8%	79 71.2%	21 18.6%	92 81.4%	24 21.2%	89 78.8%
No	8 2.7%	288 97.3%	8 2.7%	289 97.3%	9 3.0%	289 97.0%
Total	40 9.8%	367 90.2%	29 7.1%	381 92.9%	33 8.0%	378 92.0%

for money in comparison to 2.7% of women ( $n = 8$ ) exchanging sex for money who did not report CSA. A chi-square test demonstrates that this is a significant difference ( $\chi^2 = 62.18$ ;  $df = 1$ ;  $p = 0.00$ ).

There is also a strong relationship between CSA and exchanging sex for gifts or goods. Nineteen percent of participants sexually abused as children ( $n = 21$ ) had exchanged sex for gifts or goods compared to 2.7% of women not reporting CSA ( $n = 8$ ). A chi-square test demonstrates that this result is statistically significant ( $\chi^2 = 31.45$ ;  $df = 1$ ;  $p = 0.00$ ).

Once again there is a strong relationship between CSA and involvement in exchanging sex for favors. Twenty-one percent of participants who reported CSA ( $n = 24$ ) had exchanged sex for favors compared to only 3.0% of women who exchanged sex for favors but did not report CSA ( $n = 9$ ). A chi-square test again demonstrates that this is a significant difference ( $\chi^2 = 36.83$ ;  $df = 1$ ;  $p = 0.00$ ).

### Casual Sex

CSA is also associated positively with participation in casual sex. Participants were asked: "Do you ever have sex with someone who is not your regular partner (e.g., if you go to a disco, are traveling, or meet someone new)?" Twenty-four percent of participants who were sexually abused as children ( $n = 27$ ) answered *yes*, compared to only 9.4% of non-sexually-abused women ( $n = 28$ ). This is a statistically significant difference ( $\chi^2 = 14.97$ ;  $df = 1$ ;  $p = 0.00$ ).

The experience of CSA was associated with a greater likelihood of using condoms with partners. Thirty-nine percent of the women who were sexually abused as children ( $n = 44$ ) said that they used condoms with their husbands or partners, compared to 23.2% of the non-sexually-abused women ( $n = 69$ ). A chi-square test shows that this is a statistically significant difference ( $\chi^2 = 10.59$ ;  $df = 2$ ;  $p = .00$ ).

### Social Functioning

The relationship between participants' levels of education and paid employment with CSA was calculated using chi-square tests to see the impact on their social functioning. Interestingly, women who reported that they had been sexually abused were slightly more likely to have completed higher levels of schooling, 29.5% compared to 21.3% of non-sexually-abused women; slightly more likely to have studied at university, 3.5% compared to 1.3%; and slightly more likely to be in paid employment, 21.1% compared to 16.8%. Although this is a consistent trend, chi-square tests showed that these results did not attain significance due to the small sample sizes.

## DISCUSSION

CSA is a common experience in the four provinces included in this study. The analysis shows that most sexual abuse of children was intrafamilial or committed by men known to the family such as neighbors, in contrast to commercial CSA, which was the focus of the Pacific Regional Rights Resource Team study (2006). Australian studies on unwanted sexual experiences in childhood have reported the prevalence of CSA for females as 20% (Fleming, 1997) and 27.5% (Andrews, Gould, & Corry, 2002). International studies inclusive of all forms of CSA have found prevalence rates of between 0% and 53% of females (Pereda, Guilera, Forns & Gomez-Benito, 2009). The current study found 27.5% of the sample had experienced one or more forms of CSA, which is similar to Australian studies and comparable with international rates.

The well-being of women sexually abused as children was found to be impacted in a number of ways. Wilson (2006) reports that common impacts of trauma on child development include feelings of helplessness, hopelessness, despair, futility and shame, construction of negative identity, social isolation, and passive surrender to fate. The findings of this study suggest that trauma arising from experiences of coercion and helplessness associated with CSA has a negative influence on partner relationships in adult life.

This group of women was more vulnerable to HIV infection as a result of higher rates of violence in their intimate partner relationships, which increased their risk of infection. This study found that physical violence in adult relationships is often accompanied by sexual abuse. Around 52.2% of the sample said they could not say no to sex with their husband or partner.

CSA survivors were also found to have a higher number of sexual partners and were more likely to be involved in exchange sex. These findings are consistent with other studies that have found an association between CSA and risky sexual behaviors in adult life (Gwandure, 2007; Lalor, 2008; Senn et al., 2006; Tarakeshwar et al., 2005). Hammar (2006) has previously found a positive association between experiences of CSA where the offender was much older than the victim and later involvement in sex work.

The analysis of different forms of CSA and association with risk behaviors provided surprising results. Sexual talk was as strongly associated with risk behaviors such as higher numbers of current sexual partners as other forms of sexual abuse. This form of CSA is a criminal offence in PNG (Luluaki, 2003) and can be understood as a manifestation of the unsafe environments to which some children are exposed, as a previous study has shown (Pacific Regional Rights Resource Team, 2006).

CSA was also positively associated with condom use. This finding is not consistent with other international research on CSA and risky behaviors in adult life. Senn and colleagues (2006) in a U.S.-based study found participants sexually abused as children were less likely to use condoms

with steady partners than non-sexually-abused participants. However, both sexually abused and non-sexually-abused groups were equally likely to use condoms for casual sex (Senn et al., 2006). CSA was also positively associated with the exchange of sex for money, goods, and favors. In PNG, the higher rates of condom use for CSA survivors may be a factor of involvement in exchange sex, also linked to higher rates of condom use. Further research is needed to explore the link between CSA and condom use with a larger sample size.

Women sexually abused as children represent a vulnerable group in the population of PNG due to the developmental impacts of trauma that are associated with risk behaviors in adulthood. They are less likely to benefit from an education campaign that focuses on faithfulness and more likely to benefit from harm minimization messages that emphasize the importance of using condoms to protect themselves and their children (Rekart, 2005). The findings of this study cast doubts on the effectiveness of the ABC prevention campaign (be abstinent, be faithful, condom use; King & Lupiwa, 2009). The UNGASS report (National AIDS Council Secretariat, 2008) and Bradley (2006) strongly argue against the ABC campaign as irrelevant to women, who are not responsible for their partners' sexual behavior, and as detrimental to their well-being. King and Lupiwa (2009) also comment on the cultural inappropriateness of the ABC campaign in PNG, where polygamy is common.

These findings of increased risk of HIV and violence in partner relationships demonstrate the importance of preventative interventions to protect children from sexual abuse. This is imperative not only from a human rights perspective but also to reduce HIV transmission. The research interviewers involved in this study identified in training that disclosure of CSA is often seen as talking in a "bad" way about relatives, which maintains secrecy and isolation and prevents healing for victims. The stigma of CSA for the family and the associated reduction in brideprice paid to family members is another factor preventing disclosure. Therefore, prevention should include community education about the incidence and dynamics of CSA so that children who disclose sexual abuse are believed and appropriate intervention follows. Clear examples of alternative behaviors to violence and abuse of children and women need to be provided if community education is to be effective (Bradley, 2006).

Opportunities for protection of children through early disclosure of CSA are reduced by the lack of support services for children and adult survivors of childhood abuse. Police are not sensitized to the experiences of victims and the issues they face, which many participants in this study raised as an issue preventing the reporting of all forms of abuse. Bradley (2006) also recommends changes in law enforcement practices in relation to violence against women and children such as better data collection and legal reforms. Other systemic interventions should include lowering community

tolerance for the use of physical punishment against women and children by involving men as leaders in the change process and equalizing decision making (Bradley, 2006). Funding is needed to support these interventions.

A limitation of this study is the relatively small number of participants reporting CSA. There is a need to research this important issue with a larger sample size using randomization and in-depth qualitative interviewing. It will be important to examine whether the trend toward higher social functioning of CSA survivors in education and employment is found in a larger study. It is also recommended that the influence of culture and differences in CSA experiences across provinces should be examined in a larger study.

There are grave literacy and numeracy difficulties for many women in PNG. Many leave school at an earlier age than male counterparts. Therefore subjective categories such as *sometimes*, *often*, and *very often* were used in data collection. Trauma, repression, and active forgetting have been shown to interfere with recall of CSA experiences over time (van der Kolk & Fisler, 1995), which will affect the estimation of frequency of CSA by participants. These difficulties of estimation and recall are other limitations of this study.

Despite these limitations, the study has provided important information on CSA and its long-term effects on female survivors in Papua New Guinea. This study has demonstrated that the experience of CSA is linked to HIV transmission. Factors shown to increase HIV risk for CSA survivors are earlier sexual experience, higher number of sexual partners, involvement in exchange of sex, and violence in intimate partner relationships. Therefore, CSA survivors should be considered as one of the vulnerable groups in HIV prevention campaigns. Further research with a larger sample is needed to further examine the vulnerability of CSA survivors to HIV and to explore the effects of CSA on social functioning, including educational and employment outcomes.

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## AUTHOR NOTE

Ione R. Lewis, School of Counseling, Australian College of Applied Psychology and University of Canberra.